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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Kyphon, Inc.				
Application No./Patent No.: 6,966,929 Filed/Issue	Date: November 22, 2005			
Entitled: Artificial Vertebral Disk Replacement Implant with a Spacer				
Kyphon, Inc. , a <u>corpor</u> (Name of Assignee) (Type of A	ation assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is: 1. the assignee of the entire right, title, and interest; or				
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is	%)			
in the patent application/patent identified above by virtue of either	:			
A. An assignment from the inventor(s) of the patent application in the United States Patent and Trademark Office at Reel _ thereof is attached.				
OR B. A chain of title from the inventor(s), of the patent application	n/patent identified above, to the current assignee as follows:			
1. From: Mitchell, Steve To: The document was recorded in the United States Pa Reel 019063 , Frame 0872 ,	St. Francis Medical Technologies, Inc. atent and Trademark Office at or for which a copy thereof is attached.			
From: St. Francis Medical Technologies, Inc. The document was recorded in the United States Parame Reel, Frame	atent and Trademark Office at			
3. From: To: To: The document was recorded in the United States Patent and Trademark Office at				
Reel, Frame, or for which a copy thereof is attached.				
Additional documents in the chain of title are listed on a supplemental sheet.				
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.				
[NOTE: A separate copy (i.e., a true copy of the original assignormal Division in accordance with 37 CFR Part 3, to record the 302.08]				
The undersigned (whose title is supplied below) is authorized to a	act on behalf of the assignee.			
Signature	Date			
J. Andrew Lowes	(972) 680-7557			
Printed or Typed Name	Telephone Number			
Attorney of Record, Reg. #40,706				

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby				NAME OF THE PROPERTY OF THE PR		
	titioners associated with the Custom	omer Number. 46333				
OR		<u></u>				
Prac	titioner(s) named below (if more than	ten patent practitioners a	re to be named, then a cu	stomer number must be used):		
Г	Name Registration			Name Registration		
-		Number	4. 1	Number		
<u> </u>						
<u> </u>						
		<u> </u>				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents						
	this form in accordance with 37 CFR					
Please cha	nge the correspondence address for	the application identified i	n the attached statement	under 37 CFR 3.73(b) to:		
		4.5	~ ~ ~			
	he address associated with Custome	r Number: 40	333			
OR Firm or						
Individual Name						
Address						
City	***************************************	State		Zip		
Country	Country					
Telephon						
relepriori			Cilidii			
Assignee Name and Address:						
KYPHON INC.						
1221 Crossman Avenue						
Sunnyvale, CA 94089						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Trees Of	rae_		Date		
Name	Noreen C. Johnso	Ď.		Telephone 01 - 396 - 3133		
Title	Vice President					
This collection	m mf information in executed by 37 OCH 4.5	4 4 00 4 4 00 Th - :- f		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidenballty is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed into the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES:

"ST. FRANCIS MEDICAL TECHNOLOGIES, INC.", A DELAWARE CORPORATION,

WITH AND INTO "KYPHON INC." UNDER THE NAME OF "KYPHON INC.",

A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE

OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE

TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2007, AT 9:43 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

2367517 8100M

071259923

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6192010

DATE: 11-28-07

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 09:43 AM 11/28/2007 FILED 09:43 AM 11/28/2007 SRV 071259923 - 2367517 FILE

CERTIFICATE OF OWNERSHIP AND MERGER MERGING

ST. FRANCIS MEDICAL TECHNOLOGIES, INC., A DELAWARE CORPORATION INTO

KYPHON INC., A DELAWARE CORPORATION

Pursuant to Section 253
of the General Corporation Law of the State of Delaware

November 27, 2007

Kyphon Inc., a corporation organized and existing under and by virtue of the laws of the State of Delaware (the "Parent Corporation"),

DOES HEREBY CERTIFY:

FIRST: That the Parent Corporation was incorporated pursuant to the General Corporation Law of the State of Delaware (the "DGCL").

SECOND: That the Parent Corporation owns all of the outstanding shares of each class of the capital stock of St. Francis Medical Technologies, Inc., a Delaware corporation (the "Subsidiary Corporation").

THIRD: That the Parent Corporation, by the following resolutions of its Board of Directors, duly adopted as of November 26 2007, determined to merge the Subsidiary Corporation into itself, with the Parent Corporation being the surviving corporation:

RESOLVED, that pursuant to Section 253 of the DGCL, the Subsidiary Corporation shall be merged (the "Merger") with and into the Parent Corporation, whereupon the separate existence of the Subsidiary Corporation shall cease, and the Parent Corporation shall be the surviving corporation;

RESOLVED, that the Merger is hereby approved pursuant to the provisions of Section 253 of the DGCL;

RESOLVED, that the Merger shall become effective upon filing of the Certificate of Ownership and Merger with the Delaware Secretary of State or at such time as is otherwise specified therein;

RESOLVED, that from and after the effective time, until successors are duly elected or appointed in accordance with applicable law, the directors of the Parent Corporation at the effective time shall be the directors of the surviving corporation, and the officers of the Parent Corporation at the effective time shall be the officers of the surviving corporation;

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RESOLVED, that from and after the effective time, the name of the surviving corporation shall be Kyphon Inc.;

RESOLVED, that from and after the effective time, the bylaws of the Parent Corporation shall be the bylaws of the surviving corporation;

RESOLVED, that from and after the effective time, the certificate of incorporation of the Parent Corporation shall be the certificate of incorporation of the surviving corporation until amended in accordance with applicable law.

FOURTH: That the merger of the Subsidiary Corporation into the Parent Corporation shall be effective as of the date and time of filing of this Certificate of Ownership and Merger with the Delaware Secretary of State.

(This space intentionally left blank.)

IN WITNESS WHEREOF, the Parent Corporation has caused this Certificate of Ownership and Merger to be signed as of the date first written above by a duly authorized officer, declaring that the facts stated herein are true.

KYPHON INC., a Delaware corporation

Name: Keyna P. Skeffington

Title: Assistant Secretary